

SAN DIEGO LIHP Transition

This document will be updated as new information becomes available. Updated information is in red.

Behavioral Health Services Provider Q&As

1. Will monthly LIHP Providers Meetings continue?

Yes. The 2nd hour of the monthly Ad-Hoc Mental Health Program Managers Meeting will serve as the LIHP Transition meeting for mental health Organizational Providers. Meetings are held on the 2nd Thursday of each month at 2:00 pm in the La Jolla Room at Behavioral Health Services at 3255 Camino del Rio South.

2. Will the current BHS LIHP Providers' contracts be amended, including Statements of Work and Budgets?

Yes. Contracts will be amended with an effective date of January 1, 2014 to remove LIHP language.

3. Will Institution of Mental Disease (IMD) services be excluded in the Medi-Cal Expansion?

Yes. At this time, IMDs continue to be excluded from expanded Medi-Cal.

4. Will the mental health coverage under Medi-Cal Expansion (MCE) be the same as traditional Medi-Cal?

Starting on January 1, 2014, eligible Medi-Cal beneficiaries may receive expanded mental health benefits through Medi-Cal Managed Care Plans. At a minimum, benefits will include the following mental health services:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements
- Psychiatric consultation

5. Will there be limits to expanded Medi-Cal services when compared to "traditional" or regular Medi-Cal recipients?

The limits will be the same for both.

6. Will clients who have expanded Medi-Cal have a share of cost?

No, clients with expanded Medi-Cal will not have a share of cost.

7. Will billing be different for persons covered by expanded Medi-Cal? (e.g. eTAR)

We are waiting on guidance from the Department of Health Care Services (DHCS).

8. Who will assess Medi-Cal eligibility for persons who are non-LIHP and currently without health care coverage?

There are several options for enrollment:

- County of San Diego Family Resource Centers (FRCs). Click here for locations:
http://www.sdcounty.ca.gov/hhsa/programs/ssp/low_income_health_program/
- Online: <https://www.mybenefitscalwin.org/>
- ACCESS Call Center: Toll-Free: (866) 262-9881
TDD (hearing impaired): (858) 514-6889
Fax: (858) 467-9088
E-mail: pubassist.HHSA@sdcounty.ca.gov

9. Will AmeriChoice stop payments to programs effective January 1, 2014?

Providers have up to 30 days to submit their billing to AmeriChoice for LIHP services provided through December 31, 2013.

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10. Will MFTs working at Federally Qualified Health Centers (FQHCs) continue to be allowed to bill Medi-Cal after December 31, 2013?

No. DHCS has not changed their policy on allowing MFTs at FQHCs to bill Medi-Cal.

11. When can the communication & forms (if any) be previewed by BHS providers?

The Department of Health Care Services (DHCS) posts notices and updates on their LIHP Transition site at: <http://www.dhcs.ca.gov/provgovpart/Pages/LIHPTransitionResource.aspx>.

12. Who will reach out to people transitioning to Medi-Cal Managed Care or Covered California? What support can providers expect from the County regarding outreach and engagement?

FQHCs, SAY San Diego, and 2-1-1 San Diego are some of the entities that are expected to provide support around outreach and engagement. Health Care Options staff at the Family Resource Centers can also assist LIHP enrollees transitioning to Medi-Cal Managed Care, as well as new Medi-Cal enrollees.

13. What happens to persons who choose not to enroll in the Exchange (Covered California)?

BHS Providers shall continue to serve the clients that are clinically eligible. LIHP enrollees will be automatically transitioned into Medi-Cal January 1, 2014. Enrollees who wish to decline Medi-Cal coverage need to dis-enroll by contacting one of the resources listed in question 8. For additional information, refer to: <http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Meetings/DRAFT-RevisedLIHPTransitionPlan.pdf>.

14. What happens to undocumented persons?

The County is expected to follow the federal guidelines for emergency care.

15. How long will LIHP be open for enrollment for persons coming into our program from jails?

LIHP is open for enrollment through December 31, 2013. As of January 1, 2014, LIHPs will no longer provide benefits to enrollees. For additional information, refer to: <http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Meetings/DRAFT-RevisedLIHPTransitionPlan.pdf>

16. Will Providers be expected to UMDAP clients converting from LIHP?

Yes. DHCS requires this process.

17. Can BHS Providers enroll a person directly with a Managed Care Plan ?

Providers can help someone complete the Medi-Cal Choice Form, which is then submitted to the Department of Health Care Services (DHCS) via the Healthy San Diego - Health Care Option (HCO) program. A client selects the desired health plan and enters the physician number on this form. Physicians can be found via each health plan, or by using the GeoAccess link to the Healthy San Diego Online Provider Directory:

<http://www.geoaccess.com/CountyofSanDiego/po/Begin.asp>. Another option is staff can write in the name and address of the clinic in the space to the right of the provider code box on the Choice form and HCO staff will input the code as part of their review. Forms with a blank Doctor/Clinic Code field **must** be submitted to the County for review using the process outlined in question 18. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

The Medi-Cal Choice Form can be completed on the computer and printed out for signature and is available here: http://www.healthcareoptions.dhcs.ca.gov/HCOESP/Enrollment/content/en/forms/SD_0MM3452.pdf.

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18. Where should completed Medi-Cal Choice forms be sent?

Although the Choice form includes instructions to send to Sacramento, County of San Diego residents should drop off completed Medi-Cal Choice forms at any FRC (see question 8 for locations) or mail back to the County using postage-paid envelopes. The address is:

HHSA – MS 0557-A
P.O. Box 85524
San Diego, CA 92186-9658

Write “LIHP” in the upper left corner of the envelopes when mailing. This additional step will assist providers and LIHP enrollees to ensure accuracy of information sent to the State.

19. Can BHS clinic staff use the clinic address for homeless clients?

No, Medi-Cal policy will not permit the use of a clinic address as a residence and the Medi-Cal Eligibility Data System (MEDS) will automatically default to the assigned P.O. Box, if entered in the case record, for all mailings. All LIHP enrollees who are homeless have a P.O. Box at their assigned FRC. LIHP enrollees who are homeless can leave their address blank and mail in the form to the address listed in question 18 or drop off the form at any FRC. County staff will review the form and enter the correct P.O. Box for the enrollee’s assigned FRC. Forms with blank addresses **must** be submitted to the County for review using the process outlined in question 18. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

LIHP enrollees are encouraged to use the P.O. Box at the FRC to ensure that all correspondence is sent to the same location. If a LIHP enrollee does not know their assigned FRC, they can call HCO at 619-515-6584.

20. Can BHS clinic staff receive a copy of Medi-Cal managed health care plan formulary?

Each Medi-Cal managed care plan has a different formulary.

Health Plan Formulary information is available here:

Community Health Group Medi-Cal Drug Formulary

<http://www.chgsd.com/formulary/formulary/CHG-MediCal.pdf>

Care 1st Health Plan Medi-Cal Drug Formulary

<https://www.care1st.com/media/pdf/medi-cal/medi-cal-formulary.pdf>

Molina Healthcare Medi-Cal Drug Formulary

http://www.molinahealthcare.com/providers/ca/medicaid/drug/PDF/CADrugFormulary_2013.pdf

Health Net Medi-Cal Recommended Drug List

https://www.healthnet.com/static/general/unprotected/pdfs/ca/pharmacy/medical_intro.pdf

Kaiser Permanente Comprehensive Formulary

https://healthy.kaiserpermanente.org/static/health/en-us/pdfs/nat/Medicare_2014_NAT/comprehensive_formulary.pdf

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21. Will I be able to access substance abuse counseling during the LIHP transition and/or after I transition to Medi-Cal?

LIHP enrollees will continue to receive current approved LIHP benefits through December 31, 2013. New services for individuals seeking substance use treatment and counseling will be available under Medi-Cal starting on January 1, 2014.

22. Will transportation assistance be available for clients to get to and from their health care services?

The Medi-Cal Managed Care health plans offer different options for transportation assistance. For more information on transportation assistance available, review the Health Plan Comparison Chart here:

http://www.sdcounty.ca.gov/hhsa/programs/ssp/documents/HSD_5_02-27-2013.pdf

23. Will Optum continue to provide case management services for enrollees who have been hospitalized?

Yes, Optum will continue to provide case management services through March 31, 2014.

24. If an enrollee does not know their Social Security number (SSN), can other identifying information be entered on the Medi-Cal Choice form and then submitted to County for review?

Yes, clinical staff can enter the date of birth below the SSN section, and HCO staff will be able to look up the enrollee and write in the SSN on the form. Choice forms without an SSN must be submitted to the County using the process described in question 18. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

25. What is the DHCS process for issuing new Benefit Identification Cards (BICs)?

The State will issue Medi-Cal Benefit Identification Cards (BICs) to LIHP enrollees who are transitioning to Medi-Cal after January 1, 2014. These BICs will be mailed to enrollees between December 10 – 21, 2013. The Good Thru date on the current BICs will be extended to January 29, 2014. Providers can run the previous BIC to verify eligibility before the new cards are sent out.

26. Will providers be able to access information about the Managed Care Medi-Cal health plan their patients have selected prior to January 1, 2014?

At this time, it is not possible for providers to access this information prior to January 1, 2014. Starting on January 1, 2014, providers should be able to use the Medi-Cal Point of Service (POS) system to identify the plan their patient has selected.

27. What is the appropriate procedure for providers serving former LIHP enrollees after January 1, 2014, if the former LIHP enrollee is not showing as eligible for any Medi-Cal Managed Care Health Plan, and the former LIHP enrollee should be enrolled in Medi-Cal Managed Care?

Providers should refer the enrollee to Healthy San Diego for more information on Medi-Cal Managed Care Health Plans and enrollment by either email (hds.hhsa@sdcounty.ca.gov) or phone 619-515-6584.

28. How and when can providers access eligibility and enrollment information for patients transitioning to Managed Care Medi-Cal Health Plans?

After January 1, 2014, providers can access the DHCS Medi-Cal Eligibility Website here: <https://www.medi-cal.ca.gov/Eligibility/Login.asp>. Phone support is also available at 1-800-541-5555.

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Department of Health Care Services Q&As

www.dhcs.ca.gov

Covered California Q&As

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